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|--|---|------------------------|--------------------|
| <h1 style="text-align: center;">TRANSMITTAL<br/>FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> |   | Application Number     | 10/727,718         |
|  |   | Filing Date            | December 4, 2003   |
|  |   | First Named Inventor   | Igor BRAGIN et al. |
|  |   | Art Unit               | N/A                |
|  |   | Examiner Name          | N/A                |
| Total Number of Pages in This Submission   | 3 | Attorney Docket Number | 658302028500       |

| ENCLOSURES (Check all that apply)  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address – (1 page)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Statement Under 3.73(b) - (1 page) |
| <div style="border: 1px solid black; padding: 5px; min-height: 80px;">         Remarks       </div>  |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |          |        |
|--|--|----------|--------|
| Firm Name                                  | MORRISON & FOERSTER LLP (Customer No. 86383) |          |        |
| Signature                                  | /Michael A. Stallman/                        |          |        |
| Printed name                               | Michael A. Stallman                          |          |        |
| Date                                       | 10/15/2010                                   | Reg. No. | 29,444 |